





**RENEWAL GUIDE – RENEWING COVERAGE OR MAKING A CHANGE**

*Please follow these guidelines when renewing your current coverage or making a change to your existing coverage.*

<p><b>Renewing your Current Coverage</b></p>	<p>Highmark Blue Cross Blue Shield Delaware (Highmark DE) makes renewing your current coverage easy. If you are not making any changes to your group’s benefits, there are no forms for you to complete. Your benefits will renew at your new rates, listed on the enclosed rate sheet, on your renewal date.</p>																																							
<p><b>Making a Change to your Coverage</b></p>	<p>Your new rates are effective on your renewal date. We have enclosed Benefit Summaries for your review; thus, enabling you to choose the option(s) for the Highmark DE health benefit plan(s) that bests meet your needs.</p> <p>If you would like to change plans, please <b>complete the entire Small Group Business Application</b> (enclosed):</p> <ul style="list-style-type: none"> <li>• Small Group Business Application (select up to two plans)</li> <li>• Member Enrollment/Change Application(s) (if necessary)</li> </ul> <p>Please return completed forms in the self-addressed, postage-paid envelope included with the renewal materials. You may also fax completed forms to <b>877-731-4150</b>.</p>																																							
<p><b>Calculations of Rates using 2014 Health Care Reform Methodology</b></p>	<div style="display: flex; justify-content: space-around;"> <div data-bbox="553 905 833 936"> <p><b>2014 HCR Methodology</b></p>  </div> <div data-bbox="1003 905 1360 968"> <p><b>Note: There are 46 Age Bands (x2 for Tobacco) = 92</b></p> </div> </div> <table border="1" data-bbox="943 997 1424 1598"> <thead> <tr> <th>Age</th> <th>Non-Tobacco</th> <th>Tobacco User</th> </tr> </thead> <tbody> <tr><td>0 - 20</td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td></tr> <tr><td>23</td><td></td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> <tr><td>25</td><td></td><td></td></tr> <tr><td>26</td><td></td><td></td></tr> <tr><td>27</td><td></td><td></td></tr> <tr> <td colspan="3" style="text-align: center;"></td> </tr> <tr><td>63</td><td></td><td></td></tr> <tr><td>64</td><td></td><td></td></tr> <tr><td>65+</td><td></td><td></td></tr> </tbody> </table> <p>EE Rate            EE + Spouse            EE + Spouse + Child            EE + Spouse + Child 1 + Child 2            EE + Spouse + (C1 + C2 + C3) <b>Cap if &lt; age 21</b>            EE + Spouse + (C1 + C2 + C3) + <b>C4 if age 21+</b></p>	Age	Non-Tobacco	Tobacco User	0 - 20			21			22			23			24			25			26			27						63			64			65+		
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<p><b>Effective Date of your Changes</b></p>	<p>Please return all paperwork to Highmark DE at least thirty (30) days prior to your renewal date.</p> <p>There are a number of resources available on <a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a>. This portal provides access to information needed to answer your employees’ health benefits questions.</p> <p>However, if you have further questions regarding your Highmark DE small group renewal, please contact your broker or a Highmark DE Marketing Representative at <b>800-572-4400</b>.</p>																																							